

Case Number:	CM14-0069949		
Date Assigned:	07/14/2014	Date of Injury:	07/25/2000
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year-old patient sustained an injury on 7/25/2000 while employed by [REDACTED]. Request(s) under consideration include MRI lumbar spine with and without contrast QTY: 1.00. AME re-evaluation dated 9/14/06 noted future limited medical support consistent with evidence-based guidelines; no further diagnostic studies are necessary and patient is not a candidate for additional surgery treatment. Report of 8/19/13 noted diagnoses of lumbago with bilateral radiculopathy; cervical with bilateral radiculopathy/ headaches; depression/anxiety; spinal cord stimulator trial for lumbar spine. Exam showed objective findings of the cervical and trapezius without lumbar exam. The patient was not working and was noted to be permanently totally disabled. Report of 5/1/14 from the provider noted the patient with left lower limb numbness; right lateral hip pain rated at 3-8/10 with leg pain of 8-10/10 with persistent left leg and foot numbness. Medications list Duragesic, Percocet, and Tizanidine Hydrochloride. Diagnoses include lumbar radiculopathy/ disc protrusion s/p lumbar fusion with hardware removal. Treatment included EMG and MRI. Report of 7/1/14 noted unchanged symptom complaints. The lumbar objective findings only noted patient had good outcome from LESI with relief of radicular pain as well as axial low back pain; "there is return of lumbar pain but physical examination findings in the lower extremities have not changed appreciably." Request(s) for MRI lumbar spine with and without contrast QTY: 1.00 was non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI lumbar spine with and without contrast QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303-304. The Expert Reviewer's decision rationale: Per ACOEM, "Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies." Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has noted unchanged findings of low back and bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine with and without contrast QTY: 1.00 is not medically necessary and appropriate.